

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH
 County of Apache
 District of _____
 Town of Vernon
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 17
 Co. Register No. 118
 Local Registrar's No. _____

(No. _____ St. _____ Ward)

FULL NAME OF CHILD
 If child is not named, make Supplemental Report on blank obtainable from local Registrar.

{ Born Yes ☒
 { Alive NO ☐

Sex of Child <u>girl</u>	Twin, Triplet or other _____	and _____	Number in order of birth <u>3</u>	Legitimate? <u>yes</u>	Date of Birth <u>aug 28</u> 192 <u>2</u> (Month) (Day) (Yr.)
FATHER Full Name <u>Don E. Nickell</u> Residence <u>Vernon</u> Color or Race <u>White</u> Age at last Birthday <u>31</u> (Years) Birthplace <u>Arizona</u> Occupation <u>Stockman</u>			MOTHER Full Maiden Name <u>Ettal Neaghi</u> Residence <u>Vernon</u> Color or Race <u>White</u> Age at last Birthday <u>26</u> (Years) Birthplace <u>Arizona</u> Occupation <u>H Dr</u>		

Number of child of this mother 3 Number of children, of this mother, now living 3 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Aug 28 1922, at 9 P.M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) _____ (Attending physician, midwife, householder.)

Given or Christian name added from a supplemental report _____ 192 _____

Address N M Riggs

Filed Sept 3 1922

A True Copy

Filed sep 10 1922

453-824-555
 COUNTY REGISTRAR.

N M Riggs
 LOCAL REGISTRAR.
G J Boudin
 COUNTY REGISTRAR.